



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF SPEECH/LANGUAGE PATHOLOGISTS, AUDIOLOGISTS AND HEARING AID DISPENSERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR HEARING AID DISPENSER LICENSE INSTRUCTION SHEET

General Information

Anyone who wishes to dispense hearing aids in Delaware, other than Delaware-licensed Audiologists, must obtain a Hearing Aid Dispenser license. This section explains the types of Hearing Aid Dispenser licensure in Delaware.

- **Temporary** – You are required to complete a six-month training period under supervision of a Delaware-licensed Hearing Aid Dispenser or Audiologist. To begin your training period, you must apply for a Temporary Hearing Aid Dispenser license. (Training conducted before you obtain a Temporary license does not count toward your six-month training requirement.) The Temporary license is good for one year. When your supervisor verifies that you have successfully completed the training period, the Board will authorize you to take the national examination during the remaining six-months of the Temporary license.
- **Examination** – If you have *completed* your Delaware training period and *passed* the national examination, you may apply for a permanent Hearing Aid Dispenser license by Examination.
- **Reciprocity** – If you hold a *current* license in another jurisdiction (state, District of Columbia or U.S. territory), you may apply for a Hearing Aid Dispenser license by Reciprocity based on one of the following:
 - You have five years experience in the practice of Hearing Aid Dispenser after licensure, OR
 - You hold a *current* license in a jurisdiction whose the licensure requirements are substantially similar to those of Delaware.

If you do not have the required five years of licensure, the Board must determine whether the licensure requirements in any jurisdiction where you hold a current license are substantially similar to those of Delaware.

Requirements for All Applicants

The following requirements apply to all applicants regardless of the type of license applied for:

- ☐ Submit completed, signed and notarized [Application for Hearing Aid Dispenser Licensure](#).
 - Even if you hold a Temporary license, you must file an updated application by Examination when you have passed your national examination.
- ☐ Enclose fee by check or money order made payable to "State of Delaware." If you are applying for a Temporary license, enclose the [temporary license fee](#). Otherwise, enclose the [processing fee](#) for Hearing Aid Dispenser.
- ☐ If you have ever held a license in another jurisdiction, arrange for the Board office to receive verification of licensure from each jurisdiction where you have held a license, sent *directly* from the jurisdiction to the Board office.
 - These verifications are required even if you submitted verifications in connection with an earlier application.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional Requirements for Applicants for Temporary Licensure

If you are applying for a Temporary license, the following items are required in addition to the items in the **Requirements for All Applicants** section above.

- ☐ Arrange for the Board office to receive either
 - an official transcript, sent directly from your high school to the Board office, showing that you have a high school diploma, or
 - copy of your GED.
- ☐ Arrange for the Board office to receive a completed *Statement of Supervising Sponsor* form signed by the person who will sponsor and supervise you while you are practicing under the Temporary license.
 - If your supervisor changes, the new supervisor must submit a new form.
- ☐ Arrange for the Board office to receive a completed *Training Plan* form signed both by you and your supervisor.
 - Your supervisor must be a Delaware-licensed Hearing Aid Dispenser or Audiologist.
 - Do not begin your training period until your Temporary license is **issued**.
 - If your supervisor changes, the new supervisor must submit a new form.

When you complete the six-month training period, arrange for the Board office to receive a *Supervisory Report* form completed and signed by your supervisor to verify that you successfully completed your training. When the Board office receives the verification, the Board office will send you instructions on registering to take the [Prometric examination](#). When you have registered, Prometric will send you an admission letter and examination appointment. You have six months to pass the examination.

If you need more time, you must submit a request for extension at least 60 days *before* your Temporary license expires. The Board must approve any extension of the temporary license.

Additional Requirements for Applicants by Examination

If you are applying for a permanent Hearing Aid Dispenser license by Examination, the following are required in addition to the documentation in the **Requirements for All Applicants** section above.

- ☐ Arrange for the Board office to receive an official score report showing that you passed the Hearing Aid Dispenser national examination, sent directly from the testing service to the Board office. If Delaware approved you to take the exam, Prometric will automatically send your score report to the Board office within ten business days.
- ☐ If you did not previously submit a transcript in connection with an application for a Delaware Temporary license, arrange for the Board office to receive either
 - an official transcript from your high school, sent *directly* from the school to the Board office, or
 - copy of your GED.

Additional Requirements for Applicants by Reciprocity

If you are applying for a permanent Hearing Aid Dispenser license by Reciprocity, what you need to submit in addition to the documentation in the **Requirements for All Applicants** section above depends on whether or not you have five years experience after licensure.

IF you...	THEN...
have five years experience	Arrange for the Board office to receive a <i>notarized</i> statement from your employer(s) during the five year period, sent directly from each employer to the Board office. The statement should include sufficient detail (names, dates) to establish that you have the required five years of practice. For periods of self-employment, submit tax form Schedule Cs.
do not have five years experience	Submit copies of the licensing law and rules and regulations of each jurisdiction where you hold a current license. The Board will review the requirements of the jurisdictions to determine if any of them has requirements substantially similar to those of Delaware.



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APPLICATION FOR HEARING AID DISPENSER LICENSE

TYPE OF APPLICATION

1. Select the type of license you are applying for:

- ☐ Temporary – I wish to begin my mandatory six-month training period.
- ☐ Hearing Aid Dispenser by Examination – I have *completed* a six-month Delaware training period and passed the national examination. Do you hold a Delaware Temporary license? Yes ☐ No ☐ If yes, enter the license number: **Q3** - _____
- ☐ Hearing Aid Dispenser by Reciprocity – I hold a *current* license in another jurisdiction.

IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

2. Full Name: _____
Last First Middle
3. Other Names Used: _____
4. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐
5. Mailing Address: _____

City State Zip
6. Phone: _____ Email: _____
Home Work
7. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐
• If yes, enter your SSN: _____
• If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

EDUCATION – Only applicants for Temporary license or license by Examination complete this section. Reciprocity applicants skip to the LICENSURE HISTORY section.

8. Did you graduate from high school? Yes ☐ No ☐ If yes, enter the following information about the high school where you graduated:
- Name: _____ Year Graduated: _____
- Address: _____

Arrange for the Board office to receive an official transcript from your high school, sent *directly* from the school to the Board office, or a copy of your GED.

9. Have you passed the Hearing Aid Dispenser national examination? Yes ☐ No ☐

If you hold a Temporary license, you have until your Temporary expires to pass the national examination. When you have passed the exam, arrange for the Board office to receive an official score report sent directly from the testing service to the Board office.

LICENSURE HISTORY – All applicants complete this section.

10. Are you (*or have you ever been*) licensed in any other jurisdiction? Yes ☐ No ☐ If yes, enter the following information about *each* license:

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE	STATUS (e.g., active)

Arrange for *each* jurisdiction listed to send a verification of licensure *directly* to the Board office.

SUPERVISION – Only applicants for a Temporary license complete this section.

11. Enter the following information about the person who will be your supervising sponsor while you are under a Temporary license and who will train and supervise you during the six-month training period.

Name: _____ Delaware License: **O** ____ - _____

Arrange for the Board office to receive the *Statement of Supervising Sponsor and Training Plan* forms.

PROFESSIONAL EXPERIENCE – Only applicants by Reciprocity complete this section.

12. Do you have five years of professional experience after licensure? Yes ☐ No ☐
- If you do **not** have five years of experience, submit copies of the licensing law and rules and regulations of each jurisdiction where you hold a *current* license. The Board will review the requirements of the jurisdictions to determine if any of them has requirements substantially similar to those of Delaware.
 - If you have five years of experience, complete the following information about your practice experience. Start with the most recent position and work backwards. If you need more room, enclose a separate sheet with the same information.

EMPLOYER	ADDRESS	POSITION	EMPLOYMENT DATES	
			From	To

Arrange for the Board office to receive a *notarized* statement from your employer(s) during the five year period, sent directly from each employer to the Board office. For periods of self-employment, submit tax form Schedule Cs.

DISCLOSURES – All applicants complete this section.

13. Are any unresolved complaints pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter fully explaining. Include copies of all appropriate records.**
14. Have you ever had your license or certificate to practice speech language pathology, audiology or hearing aid dispensing suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter fully explaining. Enclose copies of all relevant records.**

15. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction, including any offense for which you have received a pardon? Yes ☐ No ☐ **If yes, submit a statement fully explaining. In addition, arrange for the Board office to receive a certified copy of your criminal history record.**
16. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)? Yes ☐ No ☐ **If yes, submit a letter fully explaining. Enclose copies of all relevant records.**
17. Do you have any impairment related to drugs or alcohol that would limit your practice of Hearing Aid Dispenser, audiology or hearing aid dispenser? Yes ☐ No ☐ **If yes, submit a letter fully explaining. Enclose copies of all relevant records.**

DUTY TO REPORT – All applicants complete this section.

18. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):
- medically incompetent
 - mentally or physically unable to engage safely in the practice of medicine
 - excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730, 24 Del. C. §1731 and 24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes ☐ No ☐

19. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

20. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to report if you have evidence that a practitioner has violated the Code of Ethics (Section 9.0 of the Rules and Regulations) or other law or regulation.

I certify that I have read and understand Section 9.2.1.6 of the [Rules and Regulations](#) and understand my *duty to report*. Yes ☐ No ☐

21. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to report if you if you have evidence that a person is practicing the profession without a license in violation of 24 Del. C. §3707.

I certify that I have read and understand Section 9.3.2.2 of the [Rules and Regulations](#) and understand my *duty to report*. Yes ☐ No ☐

In order for your application to be considered at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six months of filing may be considered abandoned and discarded.

When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

I swear that I am the person who executed this application; that the statements herein contained are true in every respect, that I have not suppressed or withheld information that might affect this application; that I will abide by the ethical standards of the profession; and that I have read and understand this statement.

Signature of Applicant: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2____.

Signature of Notary: _____

SEAL

My Commission Expires: _____

***APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE
REQUIRED FEE WILL BE REJECTED.***



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STATEMENT OF SUPERVISING SPONSOR

INSTRUCTIONS

This form is completed and signed by the person who will sponsor and supervise the applicant named below during the 12-month period that the applicant will hold a Temporary Hearing Aid Dispenser license. The supervising sponsor must hold an active Delaware-licensed Hearing Aid Dispenser or Audiologist license.

"Direct supervision" means that the supervisor directly observes the applicant on-site. The first six months are the training period. During the training period, applicants must be under direct supervision as shown below:

- Months 1 and 2 – 100% of the time
- Months 3 and 4 – 50% of the time
- Months 5 and 6 – 25% of the time

1. Applicant Name: _____
2. Supervisor Name: _____
3. Supervisor's Delaware License Number: O__ - _____
4. Do you agree to supervise the applicant who will work and train under your supervision and to be fully responsible for the applicant's technical training and ethical conduct? Yes ☐ No ☐
5. I agree to evaluate and report on the applicant's progress as required by the *Training Plan*. Yes ☐ No ☐
6. I agree to notify the Board if I am no longer the applicant's supervisor. Yes ☐ No ☐

AFFIDAVIT

I do hereby affirm that I hold a valid, unrevoked, unsuspended license issued by the Delaware Board of Speech Pathologists, Audiologists and Hearing Aid Dispensers, and that I have read and fully understand my responsibilities as sponsor for the applicant named above. I further affirm that I have read the application of the above named person and that to the best of my knowledge all answers are true and correct.

Signature of Supervising Sponsor: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2____.

Signature of Notary: _____

SEAL

My Commission Expires: _____



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HEARING AID DISPENSER TRAINING PLAN

INSTRUCTIONS

Section 3.0 of the Board's Rules and Regulations explains the Hearing Aid Dispenser training requirements. The training content is listed in this Plan. The required subject areas are not all-inclusive but meant to ensure that the trainee is exposed to critical subjects and has the basic knowledge to practice as a Hearing Aid Dispenser. The training is also intended to prepare trainees for the national examination.

Both the trainee and supervisor must sign this Plan, and the Board must receive the signed Plan before issuing a Temporary Hearing Aid Dispenser license. The trainee must have been issued the Temporary license **before** beginning his or her training. *Any training conducted before the Temporary license is issued will not count toward the six-month requirement.*

The Board will authorize the trainee to take the national examination only if trainee successfully completes this training in six consecutive months. If an unforeseen hardship interrupts the training period, the trainee must immediately notify the Board in writing. The statement must provide a detailed explanation of the situation and request a hardship extension.

TRAINEE & SUPERVISOR INFORMATION

1. Trainee Name: _____ Phone or Email: _____
2. Supervisor Name: _____ Delaware License: O ____ - _____

TRAINING SETTING & PERIOD INFORMATION

3. Enter the following information about the facility where the training will take place:

Business Name: _____

Address: _____

4. Expected Supervisory Period: From (mm/dd/yyyy): _____ To (mm/dd/yyyy): _____

SUBJECTS TO BE COVERED IN EACH TWO-MONTH PERIOD

Months 1 and 2:

1. Otoscopic examination (e.g., importance of landmarks, visualization of tympanic membrane, cerumen, exotoses, etc.)
2. Hearing screenings, loudness discomfort measurements, speech thresholds and discrimination, air and bone conduction pure tone assessment and date recording
3. Routine instrument sterilization and universal precautions
4. Case history
5. Warning Signs Indicating the Need for Medical Attention
 - Visible congenital or traumatic deformity of the ear
 - History of active drainage from the ear within the previous 90 days
 - History of sudden or rapidly progressive hearing loss within the previous 90 days
 - Acute or chronic dizziness
 - Unilateral hearing loss of sudden or recent onset within the previous 90 days
 - Audiometric air-bone gap equal to or greater than 15 decibels at 500 hertz (hz), 1,000 hz, and 2,000 hz
 - Visible evidence of significant cerumen accumulation for a foreign body in the ear canal.
 - Pain or discomfort in the ear

Months 3 and 4:

1. Basic hearing aid maintenance (e.g., replacing battery doors, cleaning mics and receivers, adjusting battery contacts, etc.)
2. Ear mold impressions techniques (e.g., visual inspection, otoblock use, syringing technique, etc.)
3. Counseling techniques (e.g. explaining results to clients, making appropriate recommendations, medical referral indicators, etc.)
4. Demonstrate understanding of hearing aid manufactures specifications
5. Electroacoustic analysis of hearing aids

Months 5 and 6:

1. Biologic and electroacoustic assessment of the audiometer
2. Real ear measurement (if employer has this capability)
3. Assist in fitting hearing aids

TRAINEE'S AFFIDAVIT

Being sworn and under oath, I acknowledge that I have read, understand, and agree to complete all training requirements listed above. I have verified that my supervisor holds a current Delaware Hearing Aid Dispenser or Audiologist license. I agree to abide by the Code of Ethics in the Board's Rules and Regulations.

Signature of Trainee/Applicant: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2____.

Signature of Notary: _____

SEAL

My Commission Expires: _____

SUPERVISOR'S AFFIDAVIT

Being sworn and under oath, I verify that I currently hold an active Delaware Hearing Aid Dispenser or Audiology license and expect to at all times during the course of my supervision of the above-named trainee. I agree to conduct a formal evaluation of the trainee's progress and performance after each of the three two-month periods. I agree to submit proof of the above-named trainee's completion of all training requirements by submitting the *Supervisory Report* to the Board office at the end of the training period.

Signature of Supervisor: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2____.

Signature of Notary: _____

SEAL

My Commission Expires: _____



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HEARING AID DISPENSER SUPERVISORY REPORT

INSTRUCTIONS

Supervisors are to use this reporting form to conduct formal bimonthly evaluations of their Hearing Aid Dispenser trainee's performance and progress in completing all required subjects during the mandatory six-month training period. The supervisor will sign and submit this report **at the end of the training period**.

TRAINEE & SUPERVISOR INFORMATION

1. Trainee Name: _____ Phone or Email: _____
2. Supervisor Name: _____ Delaware License: O ____ - _____

TRAINING SETTING & PERIOD INFORMATION

3. Enter the following information about the facility where the training will take place:

Business Name: _____

Address: _____

4. Expected Supervisory Period: From (mm/dd/yyyy): _____ To (mm/dd/yyyy): _____

EVALUATION

Months 1 and 2:

- Otoscopic examination (e.g., importance of landmarks, visualization of tympanic membrane, cerumen, exotoses, etc.)
- Hearing screenings, loudness discomfort measurements, speech thresholds and discrimination, air and bone conduction pure tone assessment and date recording
- Routine instrument sterilization and universal precautions
- Case history
- Warning Signs Indicating the Need for Medical Attention
 - Visible congenital or traumatic deformity of the ear
 - History of active drainage from the ear within the previous 90 days
 - History of sudden or rapidly progressive hearing loss within the previous 90 days
 - Acute or chronic dizziness
 - Unilateral hearing loss of sudden or recent onset within the previous 90 days
 - Audiometric air-bone gap equal to or greater than 15 decibels at 500 hertz (hz), 1,000 hz, and 2,000 hz
 - Visible evidence of significant cerumen accumulation for a foreign body in the ear canal.
 - Pain or discomfort in the ear

Evaluation | Months 1 and 2

5 = excellent 4 = very good 3 = good
2 = satisfactory 1 = poor

Please circle one:

- | | | | | | |
|----|---|---|---|---|---|
| 1. | 5 | 4 | 3 | 2 | 1 |
| 2. | 5 | 4 | 3 | 2 | 1 |
| 3. | 5 | 4 | 3 | 2 | 1 |
| 4. | 5 | 4 | 3 | 2 | 1 |
| 5. | 5 | 4 | 3 | 2 | 1 |

Months 3 and 4:

1. Basic hearing aid maintenance (e.g., replacing battery doors, cleaning mics and receivers, adjusting battery contacts, etc.)
2. Ear mold impressions techniques (e.g., visual inspection, otoblock use, syringing technique, etc.)
3. Counseling techniques (e.g. explaining results to clients, making appropriate recommendations, medical referral indicators, etc.)
4. Demonstrate understanding of hearing aid manufactures specifications
5. Electroacoustic analysis of hearing aids

Evaluation | Months 3 and 4

5 = excellent 4 = very good 3 = good

2 = satisfactory 1 = poor

Please circle one:

1. 5 4 3 2 1

2. 5 4 3 2 1

3. 5 4 3 2 1

4. 5 4 3 2 1

5. 5 4 3 2 1

Months 5 and 6:

1. Biologic and electroacoustic assessment of the audiometer
2. Real ear measurement (if employer has this capability)
3. Assist in fitting hearing aids

Evaluation | Months 5 and 6

5 = excellent 4 = very good 3 = good

2 = satisfactory 1 = poor

Please circle one:

1. 5 4 3 2 1

2. 5 4 3 2 1

3. 5 4 3 2 1

If you have additional comments, please enclose a statement with this form.**AFFIDAVIT**

Being sworn and under oath, I verify that the above-named trainee has completed all training requirements under my supervision, and that I have held an active Delaware Hearing Aid Dispenser's license at all times during the training period.

Signature of Sponsor/Supervisor: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2____.

Signature of Notary: _____

SEAL

My Commission Expires: _____